

Intergenerational Literacy Links
SENIOR ASSOCIATE APPLICATION FORM



Name: _____

Address: _____

Street

City

Postal Code

Phone (h): _____

Answering machine: ____ yes ____ no

Email: _____

AGE RANGE: less than 50 ____ 50 - 60 ____ 60+ ____
(for research purposes)

Use of car: ____ yes ____ no

Emergency Contact: _____

Relationship: _____

Phone (h): _____

Phone (w): _____

Do you have any Medical or Physical limitations you wish to be taken into consideration, or that you feel may affect your ability to perform as a senior associate in a family literacy program? ____ yes ____ no

If yes, explain briefly:

Volunteer/work experience:

Hobbies/interests/skills:

Reason for volunteering:

Once you begin the volunteer commitment is on a regular basis for a block of time (usually 6 weeks - maximum 2 hours each day)

Time available: _____ Morning _____ Afternoon _____ Evening _____ Weekend

Availability: length of initial commitment _____ months _____ weeks

What types of activities would you be interested in doing within family literacy programs?

What special strengths would you bring to this volunteer position as a senior associate?

How did you hear about this volunteer opportunity?

Since we take our responsibility for our family literacy programs seriously, we screen all our applicants for Senior Associates thoroughly. ILLAG requires two personal and/or professional references for all positions in Family Literacy programs.

Consent of referees must be attained prior to contact by ILLAG project facilitator.

All information will be kept in the strictest of confidence.

While attempts are made to place every applicant, management reserves the right to not accept an applicant.

References:

1) Name: _____ Phone: _____

Relationship: _____

2) Name: _____ Phone: _____

Relationship: _____

I consent to the gathering of this information for the sole purpose of contact and placement as a volunteer in the family literacy programs.

I also verify that all of the above information provided is true and complete.

I hereby authorize the ILLAG project facilitator to contact the above names references to ascertain my suitability as a senior associate.

Applicant's Signature _____ Date _____

OATH OF CONFIDENTIALITY

I, _____, affirm that in whatever function I may perform as a Senior Associate with family literacy programs or any other related activities with the Intergenerational Literacy Links Project I will:

Not discuss any case material, history, or other information concerning the participant(s), and/or staff with whom I am involved, other than with the authorized personnel or designated program facilitators.

Such discussions, as required, are to be carried out in the strictest confidence.

Witness

Signature of Senior Associate

Date

ILLAG use only:

Date of interview: _____ Interviewer: _____

Initial placement program/location: _____

Child Abuse Registry Check: _____ in process _____ returned

Comments: